

GROCER REPORT CONCERNING WIC PARTICIPANTS

On: _____
Month Day Year

Participant's Full Name: _____

Complete all boxes below to describe Grocer comments and WIC violations:

Must complete Food Instrument information below:

Individual Number	Issue Date	Serial Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Grocer Name	Grocer Number
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Address (number, street)		
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City	State	Zip Code
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Contact Name	Managers Initial	Telephone Number ()
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Food:

- ☐ Wrong Size/Amount
☐ Wrong Food Brand
☐ Type: ☐ Milk ☐ Eggs ☐ Cheese ☐ Juice ☐ Cereal ☐ Peanut Butter ☐ Tuna
☐ Infant Cereal ☐ Infant Formula ☐ Beans, Peas or Lentils ☐ Carrots

Food Instrument:

- ☐ Used another person's food instrument without authorization
☐ Used an altered food instrument
☐ Used a food instrument payable to another store
☐ Used a food instrument before or after the issue date
☐ Pre-signed a food instrument

Transactions:

- ☐ Signature did not match WIC Authorization Folder
☐ Did not have the WIC Authorization Folder
☐ Attempted to receive cash back from purchase
☐ Attempted to exchange WIC food for other food, cash or credit
☐ Did not separate the WIC foods from the other food

Participant:

- ☐ Was the Alternate Buyer
☐ Needs more training on WIC foods
☐ Was rude and / or argued
☐ Was cooperative when given an explanation of WIC program rules

WIC TRANSACTION:

- ☐ Terminated ☐ Successful

Other:

Thank you for your cooperation. We will notify the local WIC agency immediately and re-educate the participant on the rules of the WIC program.